



INFORMATION WILL BE VERIFIED (FILL OUT FINANCIAL STATEMENT COMPLETELY)

Taxpayer: Address: City, State, Zip: Driver License Number:	Phone Number (Circle best daytime number): Home: Work: Spouse's Work: Personal Fax:						
Spouse: Address: City, State, Zip: Driver License Number:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Social Security Number</td> <td style="width:50%;">Date of Birth</td> </tr> <tr> <td>Taxpayer:</td> <td>Taxpayer:</td> </tr> <tr> <td>Spouse:</td> <td>Spouse:</td> </tr> </table>	Social Security Number	Date of Birth	Taxpayer:	Taxpayer:	Spouse:	Spouse:
Social Security Number	Date of Birth						
Taxpayer:	Taxpayer:						
Spouse:	Spouse:						

LIST ALL DEPENDENTS AND NON-RELATIVES LIVING WITH YOU. If you need additional space, attach a separate sheet

Name: Age: Relationship: Name: Age: Relationship: Name: Age: Relationship:	Name: Relationship: Name: Age: Relationship: Name: Age: Relationship:
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EMPLOYMENT INFORMATION

TAXPAYER	SPOUSE
Employer/Business Name: Address: City, State, Zip: Employer/Business Phone Number: Employer/Business Fax Number: Occupation/Profession: How long employed: Marital Status on your W-4: <input type="checkbox"/> Single <input type="checkbox"/> Married Number of exemptions you claim:	Employer/Business Name: Address: City, State, Zip: Employer/Business Phone Number: Employer/Business Fax Number: Occupation/Profession: How long employed: Marital Status on your W-4: <input type="checkbox"/> Single <input type="checkbox"/> Married Number of exemptions you claim:

BANK ACCOUNTS Including Savings & loans, Credit Unions, CD's, IRA's. If additional space is needed, attach a separate sheet.

Name of Institution	Address	Type of Account (Checking/Savings) (Joint/Separate)	Account Number	Balance

REAL ESTATE If additional space is needed, attach a separate sheet

Address/County of Property	Date Purchased	Current Value	Mortgage Balance	Paid to (Lender Name)
		\$	\$	
		\$	\$	
		\$	\$	

MOTOR VEHICLES If additional space is needed, attach a separate sheet.

Year, Make, and License Number	Date Purchased	Current Value	Loan Balance	Date loan will be paid off
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	

LIFE INSURANCE If additional space is needed attach a separate sheet

Name of Company	Amount you can borrow on policy	Name of Company	Amount you can borrow on policy
	\$		\$

OTHER ASSETS Things you own or are buying, such as stocks, bonds, boats, etc. If additional space is needed, attach a separate sheet

Description	Current Value	Loan Balance	Date loan will be paid off
	\$	\$	
	\$	\$	
	\$	\$	

MONTHLY INCOME AND EXPENSES ARE BASED ON ALL MEMBERS OF THE HOUSEHOLD

MONTHLY INCOME		FTB USE ONLY	
Net Pay (amount you take home from wages and/or self employment)	\$		
Spouse's Net Pay (amount spouse takes home from wages and/or self employment If self employed, see PAGE 3)	\$		
Rents Received	\$		
Pensions	\$		
Disability/Social Security	\$		
Commissions	\$		
Other Income <input type="checkbox"/> Dividends <input type="checkbox"/> Interest <input type="checkbox"/> Child Support <input type="checkbox"/> Royalties <input type="checkbox"/> Alimony <input type="checkbox"/> Other (list)	\$		
Income contributed from other people living in your home	\$		
TOTAL MONTHLY INCOME	\$		
MONTHLY EXPENSES (Expenses must be reasonable for the size of your family, location, and circumstances)			
<input type="checkbox"/> Homeowner <input type="checkbox"/> Renter Amount of payment \$			
Payments made to:			
Address:			
City, State, Zip:	Phone:		
Alimony/Child Support (If payroll deduction, do not list)			
Groceries			
Childcare/Daycare			
Utilities:	Electricity, Heat, Water, Sewer		
Telephone			
Transportation (Number of miles to and from work)			
Doctor and medical bills not paid by insurance (Total Due \$)			
Insurance (not paid through payroll deduction)			
Vehicle			
Health			
Life			
Homeowners/Renters			
IRS Installment Agreement (Total Amount Due \$)			
Quarterly Estimate Payments: Federal \$ State \$ 			
Vehicle Payments (List Lien Holder)			
1.	\$		
2.	\$		
3.	\$		
CREDIT OBLIGATIONS			
Name of Creditor/Card	Credit Limit	Amount Owed	
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$
6.	\$	\$	\$
7.	\$	\$	\$
OTHER EXPENSES			
(List all other personal obligations not included above)			
1.	\$		
2.	\$		
3.	\$		
TOTAL MONTHLY EXPENSES			
\$			
MONTHLY PAYMENT PROPOSAL			
\$			
(Begin making payments NOW . You will be notified of our decision.)			

Do you expect changes to income or health that may change your monthly expenses? If yes, explain:

Have you filed bankruptcy? ☐ YES ☐ NO If yes, complete the following:

District: Case Number: Chapter Number:
Judge's Name: Petition Date: Discharge Date:
Attorney's Name: Attorney's Phone Number:

DOCUMENTATION

You must submit the following documentation with your financial statement. **An installment agreement may be delayed if all required documentation is not included.**

1. Verification of income and expenses for the past three months:

- Copies of all pay stubs and statements of any other income.
- Copies of IRS tax payments for delinquent taxes and estimated payments.
- Copies of alimony and child support payments.

In addition, if self employed:

- Current balance sheet and income statements.
- Annual balance sheets and income/expense statements for the last two years.
(such as IRS FORM 1040 Schedule C).
- Current list of accounts receivable (names, addresses, and balance due statements).
- Current list of notes receivable (names, addresses, and balance due statements).

2. Bank information for the past three months:

- Bank statements for all personal and business accounts.

3. Tax Returns:

- We cannot process the installment agreement until all past due returns are filed.

4. Other:

- Documentation and explanation of other household expenses that may exceed a reasonable amount.

If we approve your request, we agree to let you pay the tax you owe in monthly installments instead of immediately paying the amount in full. In return, you agree to make your monthly payments through electronic funds transfer (EFT). Additional information and instructions about EFT will be sent to you if your installment agreement is approved.

Under penalty of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete. I understand that a state tax lien may be filed (Government Code Section 7170-7173). I also understand that future state income tax returns must be filed when due and the tax liability paid in full or my installment agreement can be cancelled.

Taxpayer's signature

Spouse's signature

Date

Mail the completed financial statement to:

**Franchise Tax Board
PO BOX 942867
SACRAMENTO CA 94267-0041**

NOTES